HAND BOOK FOR ATTENDANTS ON THE INSANE.

WINSLOW

WALTER CHANNING.

HANDBOOK

FOR

ATTENDANTS ON THE INSANE

BY

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LONDON
BAILLIÈRE, TINDALL, AND COX
KING WILLIAM STREET, STRAND
1877

LONDON : PRINTED BY
SPOTTISWOODE AND CO., NEW-STREET SQUARE
AND PARLIAMENT STREET

PREFACE.

This little book is intended for the Attendants engaged in the Management of the Insane in Great Britain. The Author trusts that it may materially assist them in their endeavours to further the kind and humane treatment of those suffering from mental disease.

L. S. FORBES WINSLOW.

23 Cavendish Square:
November 1876.

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HANDBOOK

FOR

ATTENDANTS ON THE INSANE.

An attendant, as defined by the Lunacy Act, 16 & 17 Vic. c. 96, s. 36, 'Shall mean any person, whether male or female, who shall be employed, either wholly or partially, in the personal care, control, or management of any lunatic in any registered hospital or licensed house, or of any single patient.' Definition of an attendant

The following valuable remarks relating to the duties of attendants, from the ninth Report of the Commissioners in Lunacy, should be read by all those who undertake this responsible post :—

'We avail ourselves of this occasion to notice a subject of essential importance in connexion with the management of asylums, and the treatment of their inmates. The skill and judgment of a superintendent or proprietor are of little avail, unless he be zealously supported, and his orders effectually carried out by an adequate staff of well-qualified attendants. To them in great measure must, of necessity, be entrusted the personal charge of the patients; and more especially is this the case in public institutions and the larger private establish- Duties of attendants.

ments. Attendants should combine, in their character and disposition, firmness and gentleness; and they should be able, by their education and habits, to superintend, direct, and promote the employment and recreation of the patients. We have satisfaction in stating that, in these respects, a marked improvement has of late years taken place. Much, however, remains to be effected, and great and increasing difficulty exists in procuring good attendants. In order to secure the services of persons in whom confidence can be placed, it is essential that they be adequately and liberally remunerated, and that their comforts be duly attended to. Their wages should advance with length of service, and all means should be adopted to encourage good conduct. We do all in our power to suggest and enforce these views, the importance of which is now generally felt. Amongst other arrangements, we have recommended the appointment in asylums of head attendants, of a superior class, whose duties shall not be confined to particular wards, but who shall, under the superintendents, be responsible for the order and good conduct of the ward attendants. This arrangement, where adopted, has been found to work satisfactorily, both as a stimulus to exertion and a check against neglect and abuses; and superintendents are thereby enabled to devote themselves the more to their proper duties, as charged with the medical and moral treatment of the patients.

'A well-educated lady has also been found most useful as a companion to female patients of the upper classes.'

Record of attendants.

The names of all attendants are registered in a record kept by the Commissioners in Lunacy, 19 Whitehall Place, S.W. This regulation has been in force about five years. The medical superintendent or proprietor of the asylum is required to send to the office the following notices of the engagement and discharge of an attendant within three days of such engagement or discharge.

I hereby give you Notice that
aged was engaged by me as attendant
on the at the rate of and
that h previous occupation was that of

Notice of the engagement of an attendant.

Signed

To the Secretary of the Commissioners in Lunacy.

I hereby give you Notice that
an attendant, who was engaged on the
was discharged on the
in consequence of

Notice of the discharge of an attendant.

Signed

To the Secretary of the Commissioners in Lunacy.

The Commissioners place on their record the names of all attendants, and particulars relating to them which is at all times accessible to the proprietors of licensed houses. This is a very good provision, as it enables them, previous to engaging an attendant, to refer to the cause of their leaving their last employment, and it prevents their receiving into asylums drunkards and attendants who have been discharged for any misdemeanour; at the same time, the attendants being conscious of this, will consequently avoid being discharged for any offence likely to prevent their re-engagement at another institution. The wages of an attendant in a first-class private asylum may be stated to commence at the rate of £30 per annum, increasing £5 per annum every year up to £50, with certain allowances when out on call, *i.e.* engaged in attendance upon a private case, not residing in the asylum. The duties of an attendant being arduous and responsible, they should be properly remunerated.

1st. *Ill-treatment of Patients.*—Any attendant who in any way abuses, ill-treats, or wilfully neglects a patient, is liable to a fine of £20, or may be indicted for misdemeanour.

Liabilities of attendants.

2nd. *Aiding or Abetting in the Escape of Patients from Asylums.*—Any attendant who through wilful neglect permits a patient to escape from an asylum, or abets or connives at the escape of a patient, for any such offence, shall incur a penalty of £20.

Mechanical restraint.

No mechanical restraint of any kind is allowed to be used without the permission of the medical superintendent, and in this case the duration of such restraint must be given to the medical superintendent for him to enter in the Medical Journal and Case Book.

The chief varieties of restraint used at the present day in England are sleeves, or, in other words, straight waistcoats, consisting of a canvas jacket lacing up at the back, with long sleeves extending about a foot below the hand, at the end of which are fastened tapes, by means of which the sleeves can be tied in front or behind, according as considered most advisable. There is not the least pressure by using this, and the patient can be effectually and harmlessly restrained. It is far better in cases of excessive violence to resort to the above means of restraint rather than allow the patient to struggle violently, held down by three or four men, as is frequently the case when restraint is not resorted to, and I am confident it is by far the most merciful means of treatment, and if more adopted at the present day, we should not read of cases of fractured ribs in asylums, as we now constantly do. The other means of restraint are gloves, by which the patient is prevented injuring himself or others, and sheets fastened round to restrain him in bed ; but the most advisable method is by 'sleeves,' and, as I have previously stated, it must not be resorted to without directions from the medical superintendent.

Seclusion as a means of treatment.

Seclusion consists in placing a patient in a room by himself and locking the door. The Commissioners say as follows in their Report for 1873:—'Without questioning the utility of seclusion in certain cases of excitement, especially

among epileptics, we think that, in a remedial point of view, its value has been much exaggerated, and that in many instances it is employed unnecessarily and to an injurious extent, and for periods which are quite unjustifiable.

'By patients themselves seclusion is no doubt usually regarded as a punishment, and besides being most objectionable on this ground, it is too often resorted to in cases of temporary excitement, which might be readily subdued by treatment of a less repressive character. Upon the attendants themselves also its frequent use has a most injurious effect, by leading them improperly to seek through its means relief from the duties and responsibilities involved in a constant and vigilant supervision of those placed under their charge.

'The frequent resort to seclusion in the treatment of the insane we can only attribute in most cases to defective organisation or management of the asylums, more especially as regards an adequate staff of properly trained and diligently supervised attendants; and we think that in all such instances persevering efforts should be made by improved arrangements to diminish its employment and keep it within the narrowest possible limits.'

Admission of patients into asylums.

It frequently happens that it is necessary to place a patient in an asylum who has been under private treatment at home or elsewhere, and who, during the early stage of his illness, has had an attendant to manage the case. It is my intention here briefly to state the various steps necessary previous to sending the patient to an asylum, as frequently much trouble and danger might ensue from an ignorance of these.

1st. An order of admission must be signed by a friend or relative of the patient, who must have seen the patient within one month of signing.

2nd. Two medical certificates are obtained, by fully qualified and registered practitioners,

not related to or in *partnership*, or connected with the person who signed the order, or the proprietor of the asylum to which the patient is to be sent.

I here give a copy of Notice of Admission, Order, Statement, and Medical Certificates. The printed forms can be obtained from Messrs. Shaw & Son, Fetter Lane ; Messrs. Knight, Fleet Street ; and Mr. Reed, Great Portland Street, Oxford Street.

I have only given one certificate ; two have to be obtained, but as the form is precisely similar, the two can be copied from the one form.

NOTICE OF ADMISSION.

To be forwarded to the Commissioners in Lunacy within one clear day *from the Patient's reception.*

I HEREBY GIVE YOU NOTICE, That

was admitted into this (*a*) as a Private Patient, on the day of 18 ,

and I hereby transmit a Copy of the Order and Medical Certificates on which he was received (*b*)

(*a*) House *or* Hospital.

(*b*) *If a private patient be received upon one certificate only, the special circumstances which have prevented the patient from being examined by two medical practitioners to be here stated, as in the statement accompanying the order for admission.*

Signed _____

(*c*) _____

(*c*) Superintendent *or* proprietor of——

DATED this day of

One Thousand Eight Hundred and

To the Commissioners in Lunacy.

(16 & 17 Vic. c. 96, Sched. C, s. 24)
(25 & 26 Vic. c. 111)
Private Patient.

ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

Sched. (A) No. 1. Sects. 4, 8.

I, the undersigned, hereby request you to receive

whom I last saw at
on the day of (a)
a (b) as a Patient into your House.

(a) Within one month previous to the date of the order.

(b) Lunatic, *or* an idiot, *or* a person of unsound mind.

Subjoined is a statement respecting the said

Signed, *Name*_____
*Occupation (if any)*_____
*Place of Abode*_____
*Degree of Relationship (if any), or other circumstances of connexion with the Patient.*_____

DATED this day of
One Thousand Eight Hundred and

*To*_____
(c)_____ (d)_____

(c) Proprietor *or* superintendent of——

(d) Describing the house *or* hospital by situation and name (if any).

STATEMENT.

If any Particulars in this Statement be not known, the fact to be so stated.

Name of Patient, with Christian name at length . . . . . .
Sex and Age . . . . . .
Married, Single, or Widowed . . . .
Condition of Life, and previous Occupation (if any) . . . . . .
Religious Persuasion, as far as known. .
Previous Place of Abode . . . . .
Whether first Attack . . . . . .
Age (if known) on first Attack . . . .
When and where previously under Care and Treatment . . . . . .
Duration of existing Attack . . . . .
Supposed Cause . . . . . .
Whether subject to Epilepsy . . . . .
Whether Suicidal . . . . . .
Whether Dangerous to others . . . .
Whether found Lunatic by Inquisition, and Date of Commission or Order for Inquisition
Special Circumstances (if any) preventing the Patient being examined, before Admission, separately by Two Medical Practitioners .
Name and Address of Relative to whom Notice of Death to be sent . . . .

(e) Where the person signing the statement is not the person who signs the order, the following particulars concerning the person signing the statement are to be added:

Signed, *Name* (e)_____
*Occupation (if any)*_____
*Place of Abode*_____
*Degree of Relationship (if any) or other circumstance of connexion with the Patient.*_____

MEDICAL CERTIFICATE.

Sched. (A.) No. 2, Sects. 4, 5, 8, 10, 11, 12, 13.

I, the undersigned,
being a (*a*)
.
and being in actual practice as a (*b*)
hereby certify that I, on the day of
. at (*c*)
in the County of separately
from any other Medical Practitioner, personally examined
of (*d*) and
that the said
is a (*e*) and a proper
Person to be taken charge of and detained under Care and Treatment, and that I have formed this opinion upon the following grounds, viz. :—

1. Facts indicating Insanity observed by myself (*f*)

2. Other facts (if any) indicating Insanity communicated to me by others (*g*)

Signed, *Name*_____

*Place of Abode*_____

DATED this day of
One Thousand Eight Hundred and Seventy

(*a*) *Here set forth the qualification entitling the person certifying to practise as a physician, surgeon, or apothecary, ex. gra.*:—Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, *or as the case may be.*

(*b*) Physician, surgeon, *or* apothecary, *as the case may be.*

(*c*) *Here insert the street and number of the house (if any), or other like particulars.*

(*d*) *Insert residence and profession or occupation (if any) of the patient.*

(*e*) Lunatic, *or* an idiot, *or* a person of unsound mind.

(*f*) *Here state the facts.*

(*g*) *Here state the information, and from whom.*

These documents need *not* be printed, but the form here given can be copied, the facts observed by the medical men of course being added. The attendant, or whoever is in charge of the case, has simply to copy these, and when the order and medical certificates are filled up and signed, the patient can legally be received into an asylum. The same mode of procedure is required in the case of single patients in unlicensed houses. This is not *universally* known, the general impression being that the printed forms must be obtained. A copy of these must be sent to the Commissioners in Lunacy, 19 Whitehall Place, S.W., within twenty-four hours of the admission. The following persons are prohibited by the Lunacy Act from signing certificates :—

Important fact connected with medical certificates.

1. Any person receiving any percentage, or otherwise interested in the payments to be made.
2. The medical officers connected in any way with the asylum.
3. Two medical men in partnership, or professionally connected.
4. Father, brother, son, partner, or assistant of the proprietor of the asylum, or, in the case of a single patient, of the house.
5. Father, son, brother, assistant or partner of the person who signed the order.
6. A *non*-registered or unqualified practitioner.

The following persons are prohibited from signing the order :—

1 and 2. As above.

3. Father, son, brother, or assistant of either of the medical men who sign the certificates, or who himself has signed one of the certificates.

The patient cannot be admitted into an asylum without these documents.

All mistakes or alterations *must* be initialled. It is immaterial whether the order or medical certificates are first signed.

Pauper lunatics are admitted into county asylums on one medical certificate. Notice is given to the medical officer of a parish that a lunatic is resident in such parish, and he is bound to take the proper legal steps to obtain admission for the patient. They also can be received into licensed houses on one medical certificate when there is a deficiency of room, or from other reasons; but these special circumstances must be stated in the order of admission, which must also be previously signed.

Upon the constable, relieving officer, or overseer of the district receiving information that a lunatic is at large, they are legally bound to take the case before a magistrate, who, upon his obtaining one medical certificate, gives an order for the reception of the lunatic into an asylum or licensed house.

Wandering lunatics at large.

No person can receive *more than one patient* into a house without receiving a license from the Commissioners of Lunacy. I here give the particulars relating to the care and charge of one patient under medical certificate in the house of a medical man or any other person. The law is stringent in respect to the care and management of the insane, and a just compliance with the statutes is enforced.

Patients in private houses.

TO ALL PERSONS HAVING CHARGE OF SINGLE INSANE PATIENTS.

The Law relating to Single Insane Patients, and defining the duties and responsibilities of those who undertake to receive such Patients to reside with them, being in general very imperfectly understood, and frequently violated, your attention is urgently requested to the subjoined statement of the various provisions of the Statutes, which the Commissioners intend, in future, most strictly to enforce.

Provisions of the Law as to Single Patients.

Order and Certificates. 8 & 9 Vic. c. 100. s. 90, and 16 & 17 Vic. c. 96, ss. 4, 8.

No person deriving profit from the charge can receive into any house, or take care or charge of, a patient, as a lunatic, or alleged lunatic, without an order and two medical certificates.

Within one clear day after receiving a patient, true copies of the order and certificates, together with a state-

Copies, &c. to be sent to Commissioners. 25 & 26 Vic. c. 111, s. 28.

ment of the date of reception, and of the situation and designation of the house into which the patient has been received, as well as of the Christian and surname of the owner or occupier thereof, must be forwarded to the Office of the Commissioners in Lunacy, No. 19 Whitehall Place, London, S.W.

Statement. 25 & 26 Vic. c. 111, s. 41.

In addition to these documents, there must now be forwarded to the office of the Commissioners a statement of the condition of the patient, signed by his medical attendant, after two clear days and before the expiration of seven clear days from the day of reception, according to the form in Schedule F to chapter 100.

Persons disqualified from signing. 25 & 26 Vic. c. 111, s. 24. 16 & 17 Vic. c. 9. s. 12.

The order and certificates must not be signed by any person receiving a percentage on or otherwise interested in the payments for the patient, nor by the medical attendant, as defined by the Lunacy Act, chapter 100; nor must the certificates be signed by the father, brother, son, partner, or assistant of the person having the care or charge of the patient.

Fortnightly visits. 8 & 9 Vic. c. 100, s. 90.

The patient must be visited, at least once in two weeks, by a physician, surgeon, or apothecary who did not sign either of the certificates of insanity, and who derives no profit, and who is not a partner, father, son, or brother of any person deriving profit, from the care or charge of the patient.

Entries.

Such medical man must at each visit enter in a book to be kept at the house, according to the subjoined form, and to be called the 'Medical Visitation Book,' a statement of the condition of the patient's health, both mentally and bodily, and also of the condition of the house.

Less frequent visits. 16 & 17 Vic. c. 96 s. 14.

These visits may, by special permission of the Commissioners, be made less frequently than once in every two weeks; but in such case, where the patient is under the care or charge of a medical man, such medical man must himself make an entry once at the least in every two weeks in a book to be called the 'Medical Journal.'

Annual Reports. 16 & 17 Vic. c. 96, s. 16.

Every physician, surgeon, or apothecary who visits a single patient, or under whose care a single patient may be, must, on the 10th of January, or within seven days thereof, in every year, report in writing to the Commissioners the state of health, mental and bodily, of the patient, and such other circumstances as he may deem necessary to be communicated. Each annual report should give all these particulars fully, even although no change may have occurred since the previous report.

'Medical Visitation Book,' &c. 8 & 9 Vic. c. 100, s. 90, and 16 & 17 Vic. c. 96, s. 14.

'The Medical Visitation Book' and 'Medical Journal,' and the order and certificates, must be so kept that they may be accessible to the Commissioners whenever they may visit the patient.

Notices. 8 & 9 Vic. c. 100, ss. 53, 54, 55, & 90. Continued and extended. 16 & 17 Vic. c. 96, s. 21-22.

Notice must be forwarded to the Office of the Commissioners in case of the death, discharge, removal, escape, and recapture of a patient.

Notice of the death of the patient must also be forwarded to the Coroner of the district. 25 & 26 Vic. c. 111, s. 44.

If it is proposed to remove the patient to the care or charge of another person, the consent to an order of transfer must previously be obtained from the Commissioners, otherwise a fresh order and certificates will be necessary. Transfers. 16 & 17 Vic. c. 96. s. 20.

When any person having the care of a single patient proposes to change his residence, and remove the patient to such new residence, seven days' clear notice of the proposed change, with the exact address and designation of the new residence, must be sent to the Commissioners, and to the person who signed the order for reception of the patient. Changes of Residence. 16 & 17 Vic. c. 96, s. 22.

If it should be desired to give the patient liberty of absence anywhere for a definite time, for improvement of his health, or for a trial of his powers of self-control, the consent of the Commissioners must first be obtained; the written consent of the person who signed the order must accompany the application, as well as a statement by the medical attendant showing the fitness of the patient for such trial. Removals for Health.

The attention of every person having charge of a single patient is specially drawn to the concluding paragraphs of the 90th section of the 8 and 9 Vic. cap. 100, by which he will see that if he shall receive a patient without a proper order and certificates; or if, having such certificates, he neglect to transmit copies to the Commissioners in Lunacy; or if he fail to cause such patient to be visited fortnightly by a medical man (not disqualified as above); or if he make any untrue entry in the 'Medical Visitation Book,' he shall be guilty of a misdemeanour. Penalties for neglect or violation of the law. 8 & 9 Vic. c. 100, s. 90.

N.B.—A license for the house becomes necessary only where more than one patient is received.

FORM OF MEDICAL VISITATION BOOK, OR MEDICAL JOURNAL.

Date.	Mental State and Progress.	Bodily Health and Condition.	Restraint or Seclusion since last entry. When and how long? By what means, and for what reasons?	Visits of Friends.	State of House, Bed, and Bedding: &c.

FORM OF NOTICE OF DEATH.

I HEREBY GIVE YOU NOTICE, That_____
a Private Patient, received into this house on the_____
day of_____18_____, died therein on the_____
day of _____187___; and I further certify, that_____
_____was present at the death of the said
_____ and that the apparent cause of
death of the said_____(*)
_____was _____

*Signed*_____
(†)_____

_____

DATED this _____ day of _____ One
Thousand Eight Hundred and Seventy_____

To the Commissioners in Lunacy.

(*) Ascertained by *post-mortem* examination, *if so.*
(†) Medical proprietor of _____house, or medical attendant.

_____

FORM OF NOTICE OF DISCHARGE.

I HEREBY GIVE YOU NOTICE, That_____
a Private Patient, received into this house on the_____
day of_____18____, was discharged therefrom (*)
_____by the authority of_____
on the _____ day of _____ 187____

*Signed,*_____
(†)_____

_____

DATED this_____day of_____One
Thousand Eight Hundred and Seventy_____

To the Commissioners in Lunacy.

(*) Recovered, *or* relieved, *or* not improved.
(†) Proprietor of_____house.

Special Instructions for Attendants.

1. Do not lose sight of the patient for fear of an escape.

Duties of day attendants.

2. Administer the medicine only as prescribed.

3. Report any change in the demeanour or conversation to the medical officer.

4. Notice any alteration in the general health, such as constipation, loss of appetite, languor, drowsiness, ravenous appetite, suicidal symptoms, and irregularity in the monthly periods, and report immediately, as each of these symptoms materially influence the patient's general health and mental condition.

5. Be very cautious in conversation, and do not discuss with the patient the affairs of the asylum or talk about the other inmates.

6. If accompanying the patient beyond the grounds of the asylum, do not allow him to speak to any stranger, post any letters, or enter into any public house. This latter is most reprehensible, and the attendant is liable to dismissal.

7. Be kind, considerate, and courteous in your behaviour ; never resent anything done to you by a patient, but remember that persuasion and kindness are better than force and harsh words, and endeavour to make the patient respect you.

8. Never express any opinion to the relatives or friends of the patient as to the progress of the case, but refer them to the medical officer, who alone can give a correct opinion.

9. Give *every* letter written by a patient to the medical officer, to post at his discretion, and do not assume this duty yourself, much anxiety being caused to the friends by allowing patients to post their own letters.

10. Do not receive bribes or money from the patient on *any* consideration whatever.

11. Use no restraint without being ordered by the medical officer, and never leave a patient by himself if restrained.

1. The most important thing is to keep awake.

Duties of night attendants.

2. Keep as quiet as possible, and if more than one attendant is in the room, avoid unnecessary talking.

3. Administer the night draught as prescribed. Be very careful of this.

4. If the patient is violent or noisy, send for extra assistance.

5. Never use *any* restraint upon your own responsibility.

6. Watch the case from time to time, and note any indications which may arise, such as bad practices, and report such to the medical officer.

7. If threatened with a fit, send immediately for the medical officer.

8. The accompanying symptoms must be specially noted : — Increased restlessness, drowsiness, loud or stertorous breathing, jumping in and out of bed, wandering delirium, *sudden* cessation of acute symptoms in violent and noisy patients, the latter being frequently met with in fatal terminations of acute mania. Send in such cases for the medical officer.

9. Be careful not to leave the room under the impression that the patient is asleep, especially as in cases of suicidal insanity sleep is assumed to deceive the attendant.

10. In cases of inflammation of the brain keep the light away from the patient's eyes and the room as quiet and dark as possible.

Convulsive Attacks.

Sudden loss of consciousness and fits.

I propose giving a few of the leading characteristics of the various fits met with in persons mentally afflicted, for the guidance of attendants. The chief are epileptic, hysterical, and apopletic.

On Epileptic Seizure.

I. Premonitory symptoms :

1. Headache.
2. Spectral illusions.
3. A creeping sensation in limbs.

4. Confusion of ideas.
5. Retching and sickness.

These premonitory symptoms vary in degree, and may be entirely absent.

II. Mode of seizure:

1. Patient falls down with sudden scream.
2. Entire loss of consciousness and sensibility.
3. Face livid or pallid, eyes staring and open, lips bloodless.
4. Foaming at the mouth and tongue bitten.
5. Great distortion of countenance, and grinding of teeth.
6. Limbs thrown into convulsions, skin cold and clammy.
7. Great violence and struggling.
8. Urine passed involuntarily.

III. Termination of fit:

1. Great drowsiness and sleep of uncertain duration, waking up with headache, and total unconsciousness of what has happened.

Hysterical Attacks.

I. Premonitory symptoms:

1. Sensation of a ball rising in the throat.
2. Occurs frequently and suddenly.
3. Paroxysms of crying or laughing extravagantly.
4. Palpitation of heart.

II. Mode of seizure:

1. Gradual and partial loss of consciousness.
2. Face flushed, eyelids closed, pupils set.
3. Absence of froth at mouth and biting of tongue.
4. No distortion of features.
5. Patient knocks herself about if not prevented.
6. Not followed by sleep.
7. Rarely occurs at night.

This form of complaint is usually met with in women.

Premonitory Symptoms of Apoplexy.

1. Headache.
2. Illusions.
3. Mental depression.
4. Loss of memory.
5. Attacks of giddiness.
6. Peculiar sensations in head.

One or more of these may be present, or there may be total absence of all premonitory symptoms.

II. Mode of seizure :

1. Sudden loss of consciousness, falling to ground.
2. Apparently in a deep sleep.
3. Breathing laboriously and with difficulty, each expiration being followed by flapping of the chest.
4. Great difficulty in swallowing.
5. Eyes partially open and pupils immovable.
6. Limbs motionless, and when lifted from the ground fall down again, from their flaccidity.
7. Entire loss of sensibility.

Termination of fit :

1. Death, without any return to consciousness.
2. Gradual resumption of intellectual faculties.
3. Paralysis of one side, with partial impairment of intellect.

Treatment during Fits.

1. Send immediately for the medical officer.
2. Loosen necktie, collar, and dress or shirt.
3. Place patient on back, with head slightly raised, and near a window to obtain air, cold water to head.
4. Put a piece of cork between teeth so as to prevent injury to tongue by biting.
5. If hysterical, apply smelling salts to nose, and throw cold water on forehead.

Keep the patient as clean as possible, so as to avoid bed-sores, and arrange the bed as follows: Place on the mattress a water-sheet, to be obtained at any macintosh shop, and over

Management of dirty or paralytic cases.

this put a blanket, and upon this the sheets as usual. In very bad cases it is advisable to place a blanket lengthways across the bed. and by tucking it in at the sides of the bed the patient is prevented from falling out of bed. The head of the patient must not be too high, for fear of the patient having a fit and becoming smothered.

The following rules must be hung up in every bathroom, and strictly observed by the attendants :— Rules of the bath.

1. The cold water is always to be turned on before the hot.

2. The bath is not to reach a greater heat than 98 degrees Fahrenheit, except specially ordered by the medical officer.

3. No patient is to be allowed to remain in a bath longer than 15 minutes, unless specially ordered otherwise by the medical officer.

4. The key of the hot-water tap is to be removed immediately the bath is sufficiently hot.

Immediately upon the death of a patient, let the body be well washed, and place on it an ordinary shirt and white necktie. In laying out the body be very careful that all the limbs are straightened, and mouth and eyes closed, by placing a handkerchief, folded, over the head. Place in the room some disinfecting fluid in a saucer. Condy's is the best for general use. Arranging the body of a patient when dead.

Many cases are found in asylums of patients who refuse their food and have to be mechanically fed. Refusal of food.

A patient may refuse food either in consequence of a delusion that it is poisoned, or from an idea of committing suicide ; but there are other physical causes, such as stomach derangement, nausea, &c. The chief mechanical modes of feeding are—

1st. Nasal tube.
2nd. Stomach pump.
3rd. Paley's instrument.
4th. Injection by rectum.
5th. Feeding cup or spoons.

Three attendants are required in every case, to prevent undue violence, but in acute mania, associated with great excitement and struggling, double this number had better be obtained.

Duties of attendants when feeding a patient.

The chief object is to administer food without injuring the patient in *any* way. One attendant is placed at the head, and the other two on each side of the patient.

A mattress is placed on the floor, and upon this the patient is laid on his back, a pillow being under the head. If the patient is in his ordinary clothes, his boots must be taken off, his collar unbuttoned, and necktie removed. The most experienced attendant kneels at the head of the bedstead, or mattress, as the case may be, on the pillow, holding the patient's head between his knees. This attendant must be provided with a soft towel, which he places between the patient's head and his hands, to prevent injury to the ears. The fingers must be widely spread out, and he must press downwards and inwards, bringing the pressure of his knees against the backs of his hands if necessary. He presses the thumbs on the patient's forehead, not upon the cheekbones so as to prevent bruises resulting. A gag to keep the mouth open is absolutely necessary in feeding with the stomach-pump, so as to prevent the tube being bitten and swallowed, cases of death having occurred from this cause. In some cases, the attendant who is at the head of the patient is entrusted with this, but in severe cases another one should undertake the management of it.

Mode of proceeding.

Having been placed in the above-mentioned position, a strong sheet is thrown across the body. The arms of the patient must be outside the sheet—this is *important*—so as to prevent their being knelt upon. The sheet is now drawn tightly over him, especially at the knees, *not* over the chest, which is left unrestricted. The other two attendants kneel on the sheet, one on

either side of the patient's knees, the legs being firmly fixed, without the slightest risk of injury. No part of the patient must be knelt upon, as the insane are very susceptible of pressure, and a broken rib, a severe abscess, or bruise may result from undue pressure being used, especially the latter in cases of chronic insanity. The attendants situated on each side now grasp the arms, one hand being placed on the patient's wrist, the other pressing down the shoulder.

In very violent cases, as previously stated, five attendants are necessary. The first takes the head; second and third hold the arms as above described; the fourth and fifth kneel on the sheet at the knees, using their hands to keep down the legs of the patient, one hand being placed above, the other below the knee-joint. An apron is fixed over the patient to prevent the food from making him in a mess. The chief methods adopted in feeding cases are :—

1. By a single spoon.
2. By two spoons.
3. By feeding cup.
4. Spoon and enema bottle.
5. Paley's feeder.
6. Stomach pump.
7. By nasal tube—a simple elastic tube with funnel attached, or gum elastic catheter.
8. By rectum, by means of injection.

The formulæ for diet recommended by Dr. Crichton Browne, formerly Medical Superintendent of the West Riding Asylum, and now one of the Lord Chancellor's Visitors, is as follows :—

For feeding by mouth:

Breakfast :—

Beef tea.—One pint and three quarters.
Brandy.—Two ounces.
Castor oil.—Half an ounce.

Dinner, if fed three times a day :—

The same, leaving out the castor oil.

Tea :—

Milk.—One pint. One egg.

One teaspoonful of Liebig's Extract of Meat, dissolved in cold water.

For feeding by the nose.

Milk, beef tea, eggs, brandy, and any kind of fluid food and medicine may be used. If it be desirable to give farinaceous food, the most appropriate is pearl-barley, as it passes well through the tube.

Ground meat, meal, rice, sago, arrowroot, gruel, &c., can only be passed through a tube of considerable dimensions, and *not* through the nasal tube.

It would be advisable to ascertain what food the patient has been accustomed to. Stimulants such as champagne are frequently given instead of brandy.

By the rectum.

Butter.—One ounce.

Port wine.—One ounce.

Beef tea.—Half a teacupful

(This means is generally only used when the patient is in a moribund state, and where any unnecessary resistance might be fatal.)

or,

Brandy.—Half an ounce.

Beef tea.—Half a teacupful.

In cases where considerable prostration is observed in the patient, and there is a tendency to faintness, give

Brandy.—One ounce.

Water.—One ounce.

In feeding by a single spoon, be very careful not to injure the mouth or break the teeth, as is the case when force is unnecessarily used. The head must be steadied by placing the left hand round the head, in cases where the food is spat out.

Cautions to be used.

The patient can either lie down or sit in a chair ; the reclining position on the back is, however, best.

The first spoon is introduced by the attendant into the mouth, holding it in his right hand. By this means the mouth is kept open.

Directions to be observed in feeding a patient by two spoons.

He pours with his left hand a spoonful of food contained in the second spoon, which *must* be liquid, into the first spoon, the nose being at the same time compressed by an assistant, and the food is swallowed. A common feeding-bottle may be substituted for the second spoon. Paley's feeder is only a funnel with a mouthpiece or spout of the shape of a goose-bill. The spout is forced between the teeth, and by compression downwards of the spring, the food gradually passes down the patient's throat, and immediately stops at the will of the operator upon taking the finger off the spring. A glass cover, which can be placed over the funnel, enables the feeder to see how much food has been swallowed. This instrument can be obtained at most surgical instrument makers. The stomach pump and nasal tube *must* only be used by the medical officer, and it will be out of place to here describe their mechanism, as their use is left to his discretion entirely. An important fact to be remembered in all cases of artificial feeding is that plenty of assistance should be at hand to prevent unnecessary violence being used in cases where the patient struggles.

Dr. Sutherland contributed a paper to the first number of the new series of the Journal of Psychological Medicine on 'Artificial Feeding of the Insane,' which enters fully into this important subject, and from which I have obtained some valuable suggestions.

I cannot conclude without again impressing upon all those engaged in the management of the insane that kindness and attention are the essential elements of their treatment. They must remember that the insane are in their hands what children are to their nurses, helpless; and it is their duty, by gentle and kind management, to do their part, and thus materially aid in restoring the mentally afflicted.

LIST OF PRIVATE ASYLUMS.

Metropolitan Licensed Houses or Private Asylums.		To whom Licensed.
Bethnal Green	Bethnal House, Cambridge Road, E.	John Millar, L.R.C.P.
Bow . .	Grove Hall, Fairfield Road, E.	E. H. Byas, M.R.C.S., and W. J. Mickle, M.D.
Brixton . .	Dudley Villa, Effra Road	W. H. Diamond, M.R.C.P.
,, . .	2 Knowle Road . .	Mrs. Tucker.
Brompton .	Clarence Villa . .	G. C. Dale, M.D.
,, .	Earl's Court House .	Miss Burney, R. G. Hill, L.R.C.P., and Mrs. Hill.
Brook Green .	Montague House . .	Mrs. Roy.
Camberwell .	Camberwell House .	J. H. Paul, M.D., and F. Schofield, M.D.
Chelsea . .	Blacklands House, King's Road	A. C. Sutherland, and E. T. Hall, M.R.C.S.
,, . .	Elm House, 149 Church Street	F. A. B. Bonney, L.R.C.S. Ed.
Chiswick .	Manor House . .	T. H. Tuke, M.D.
Clapton, Upper	Brooke House . .	H. Monro, M.D., and J. O. Adams, F.R.C.S.
Fulham . .	Laurel Bank, Parson's Green	Miss M. Leech.
,, . .	Munster House . .	G. F. Blandford, M.D., J. L. Hemming, L.R.C.P., and C. F. Williams.
,, . .	Normand House . .	Miss Talfourd.
Hackney .	London House, London Lane	Mrs. Ayre.
Hammersmith	Otto House, North End	A. C. Sutherland and Miss C. Sharpe.
,, .	Sussex and Brandenburgh Houses	H. F. Winslow, M.D., and L. S. F. Winslow, M.B.
,, .	Upper Mall House. .	Charles Cotes and Mrs. Cotes.
Hampton Wick	Normansfield. . .	J. L. H. Down, M.D., and Mrs. Down.
Hanwell .	Lawn House . . .	Miss E. Dixon.
,, .	Kent Lodge . . .	Miss C. Waite.
Hayes . .	Hayes Park . . .	E. Benbow, M.R.C.S.
,, . .	Wood End Grove . .	H. Stilwell, M.D., and Mrs. Spence.
Hendon . .	Hendon House . .	T. Dence and Miss Rosser.
Hillingdon .	Moorcroft House . .	H. Stilwell, M.D., and C. H. Hurford, M.D.
Hoxton . .	Hoxton House . .	J. Cremonini, M.R.C.S.

Metropolitan Licensed Houses or Private Asylums.		To whom Licensed.
Isleworth .	Wyke House . . .	E. S. Willett, M.D.
Kilburn . .	51 Priory Road . .	G. Moseley, F.R.C.S.
Leyton . .	Great House . . .	W. T. Davey and Mrs. Davey.
Norwood .	Colville House, Norwood Road, S.E.	Mrs. Foreman.
Peckham .	Peckham House . .	E. H. Byas, M.R.C.S., A. H. Stocker, M.D., and J. A. Brown, M.R.C.S.
Peckham Rye.	Silverton House, 26 Linden Grove	Mrs. Fruin.
Roehampton .	The Priory . . .	W. Wood, M.D., and T. Bigland, M.R.C.S.
Southall .	Southall Park . .	R. Boyd, M.D.
„ .	The Shrubbery . .	J. B. Steward, M.D., and Mrs. Steward.
„ .	Vine Cottage, Norwood Green	W. O. Chalk, M.R.C.S., and Mrs. Chalk.
Stoke Newington . .	Northumberland House	E. Symons, L.R.C.P.
Sunbury .	Halliford House . .	J. Seaton, M.D., E. W. A. Seaton, and D. R. Edwards, M.B.
Twickenham.	Twickenham House .	H. W. Diamond, M.R.C.S., and Miss Diamond.

County.	Provincial Licensed Houses and Private Asylums.	To whom Licensed.
Beds . .	Springfield House, Bedford	H. Harris, L.R.C.P.
Derby . .	Wye House, Buxton	F. K. Dickson, F.R.C.P.
Devon . .	Kenton House, Kenton	Miss E. A. Teage
,, . .	Plympton House, Plympton	C. Aldridge, M.B., and J. Aldridge
,, . .	Western Counties Idiot Asylum, Starcross	William Locke
Durham . .	Dinsdale Park, Darlington	J. W. Eastwood, M.D.
,, . .	Dunston Lodge, Gateshead	W. Garbutt.
Essex . .	Essex Hall, Colchester	W. Millard.
,, . .	Witham	T. M. Tomkin, M.R.C.S.
Glamorgan .	Vernon House, Briton Ferry	Chas. Pegge, M.R.C.S.
Gloucester .	Northwoods, Bristol	R. Eager, M.D., and T. G. Seymour.
,, . .	Fairford House, Fairford	D. and H. Iles, and D. Iles, jun., M.R.C.S.
,, . .	The Croft House, Fairford	Mrs. Iles.
,, . .	Sandywell Park, Dowdeswell, Cheltenham	W. H. O. Sankey, M.D.
Hants . .	Westbrook House, Alton	Mrs. E. J. Burnett and J. Hawkes, M.D.
,, . .	Hill House, Lyndhurst	Dr. G. R. Nunn.
Herts . .	Harpenden Hall, St. Albans	A. G. Rumball.
,, . .	Hadham Place, Much Hadham	F. M. Smith, M.D.
Hunts . .	Denmark Cottage, Newstreet, St. Neots	Mrs. L. T. Paxton.
Kent . .	North Grove House, Hawkhurst	W. Harmer and Dr. W. M. Harmer.
,, . .	Springcroft, Beckenham	R. R. Stilwell, M.D.
,, . .	Tattlebury House, Goudhurst	R. S. Newington, M.R.C..
,, . .	West Malling Place Maidstone	T. H. Lowry, M.D.
Lancaster .	Marsden Hall, Burnley	E. A. Bennett, M.R.C.S.
,, . .	Clifton Hall, Manchester	Mrs. Lomas and D. H. Lomas.
,, . .	Haydock Lodge, Ashton, Newton-le-Willows	E. Lister, L.R.C.P.
,, . .	Tue Brook Villa, Liverpool	H. Owen, L.R.C.P.

County.	Provincial Licensed Houses and Private Asylums.	To whom Licensed.
Norfolk . .	Heigham Hall, Norwich	W. P. Nichols, F.R.C.S., and J. F. Watson, M.R.C.S.
„ . .	The Grove, Catton, Norwich	T. J. C. Rackham.
Northampton	Abington Abbey Retreat, Northampton	Thomas Prichard, M.D.
Shropshire .	Stretton House, Church Stretton [ton	W. Hyslop.
„ . .	Grove House, All Stret-	Mrs. Bakewell.
„ . .	St. Mary's House, Whitchurch	S. T. Gwynn, M.D.
Somerset .	Brislington House, Bristol	F. K. Fox, M.D., and C. H. Fox, M.D.
„ . .	Longwood House, Bristol	G. Rogers, M.D.
„ . .	Bailbrook House, Bath Easton	J. Terry, M.R.C.S.
„ . .	Amberd House, Taunton	F. H. Woodforde, M.D.
„ . .	Downside Lodge, Midsomer Norton	Miss M. Short.
Stafford . .	Ashwood House, Kingswinford	G. F. Bodington, L.R.C.P.
„ . .	Moat House, Tamworth	J. F. Woody, M.R.C.S.
„ . .	Oulton Cottage, Stone	Misses H. & M. A. Bakewell.
Suffolk . .	Aspall Hall, Debenham	Miss I. J. Chevallier.
„ . .	The Glebe House, Aspall, Debenham	T. Radford, F.R.C.S.
„ . .	The Grove, Ipswich	B. Chevallier, M.D.
„ . .	Belle Vue House, Ipswich	Miss S. A. F. Walter.
Surrey . .	Lea Pale House, Guildford	T. J. Sells, M.R.C.S., and C. J. Sells, L.R.C.P.
„ . .	Church Street, Epsom	G. Stilwell, M.R.C.S., and W. C. Daniel, M.R.C.S.
Sussex . .	Ticehurst Asylum	Samuel Newington, M.R.C.P.
„ . .	St. George's Retreat, Ditchling, Burgess Hill	Miss Eccles, &c.
Warwick .	Burman House, Henley-in-Arden	S. H. Agar, L.K.Q.C.P.
„ . .	Arden House, Henley-in-Arden	G. R. Dartnell, M.R.C.S.
„ . .	Hurst House, Henley-in-Arden	S. H. Agar, L.K.Q.C.P., and Mrs. Agar.
„ . .	Midland Counties Idiot Asylum, Dorridge Grove, Knowle Common	J. H. Kimbell, F.R.C.S., and Miss Stock.
Wilts . .	Laverstock House, Salisbury	J. Haynes and H. J. Manning, M.R.C.S.

County.	Provincial Licensed Houses and Private Asylums.	To whom Licensed.
Wilts .	Fisherton House, Salisbury	W. C. Finch, M.R.C.S., and J. A. Lush, M.D.
,, . .	Fiddington House, Market Lavington, Devizes	C. Hitchcock, L.R.C.P.
,, . .	Kingsdown House, Box.	J. Nash, M.R.C.P.
York, E.R. .	Marfleet Lane Retreat, Sculcoates, Hull	J. Brown.
,, . .	Dunnington House, York	R. H. Hornby.
York, N.R. .	Terrace House, Osbaldwick	J. Ure, M.D.
York, W.R. .	Greta Bank, Barnoldswick, Bentham	Mrs. J. Parker.
,, . .	Grove House, Acomb, York	Mrs. Pearson.
,, . .	Lime Tree House, Acomb, York	W. J. Nelson, L.S.A.
,, . .	The Grange, Kimberworth, Rotherham	J. G. Atkinson, M.D.
York, City .	Lawrence House, York.	G. J. Swanson, M.D.

LIST OF COUNTY ASYLUMS AND HOSPITALS.

Counties, United Counties, and Boroughs.	Where situate.	Superintendents and Medical Officers.
Beds, Herts, and Hunts	Arlesey, Baldock	E. Swain, L.R.C.P. Ed.
Berks (Reading and Newbury)	Moulsford, Wallingford	R. B. Gillaud, M.D.
Bucks	Stone, Aylesbury	Jno. Humphry, M.R.C.S., L.M.
Cambridge and Isle of Ely	Fulbourn	G. M. Bacon, M.D.
Carmarthen, Cardigan, Pembroke, and Haverfordwest	Carmarthen	G. J. Hearder, M.D.
Chester	Chester	J. H. Davidson, M.D.
„	Parkside, Macclesfield	P. M. Deas, M.D.
Cornwall	Bodmin	Rd. Adams, L.R.C.P. Ed.
Cumberland and Westmoreland	Carlisle	J. A. Campbell, M.D.
Denbigh, Anglesea, Carnarvon, Flint, and Merioneth	Denbigh	W. Williams, M.B.
Derby	Mickleover, Derby	J. M. Lindsay, M.D.
Devon	Exminster	G. J. S. Saunders, M.B.
Dorset	Dorchester	J. G. Symes, M.R.C.S.
Durham	Sedgefield, Ferry Hill	R. Smith, M.D.
Essex	Brentwood	Donald Campbell, M.D.
Glamorgan	Bridgend	H. T. Pringle, M.D.
Gloucester	Gloucester	E. Toller, M.R.C.S.
Hants	Knowle, Fareham	J. Manley, M.D.
Hereford (Co. and City)	Hereford	T. A. Chapman, M.D.
Kent	Barming Heath, Maidstone	W. P. Kirkman, M.D.
„	Chartham, Canterbury	R. Spencer, L.R.C.P.
Lancaster	Lancaster Moor	J. Broadhurst, F.R.C.S
„	Rainhill, Prescot	T. L. Rogers, M.D.
„	Prestwich, Manchester	H. R. Ley, M.R.C.S.
„	Whittingham, Preston	Joseph Holland, F.R.C.S.
Leicester and Rutland	Leicester	J. Buck, M.R.C.S.
Lincoln	Bracebridge, Lincoln	E. Palmer, M.D.
Middlesex	Colney Hatch	E. Sheppard, M.D. W. G. Marshall, F.R.C.S.
„	Hanwell	H. Rayner, M.D. J. P. Richards, M.R.C.S.

Counties, United Counties, and Boroughs.	Where situate.	Superintendents and Medical Officers.
Monmouth, Brecon, and Radnor	Abergavenny	D. M. McCullough, M.D.
Norfolk	Thorpe, Norwich	W. C. Hills, M.D.
Northumberland	Cottingwood, Morpeth	T. W. McDowall, M.D.
Notts	Nottingham	W. P. S. Phillimore, M.B.
Oxford (Abingdon, Oxford City, and Windsor)	Littlemore, Oxford	R.H.H. Sankey, M.R.C.S.
Salop and Montgomery (Shrewsbury, Bridgnorth, &c.)	Bicton, Shrewsbury	A. Strange, M.D.
Somerset	Wells	C.W.C.M.Medlicott, M.D.
Stafford	Stafford	W. T. Pąter, M.R.C.S.
,,	Burntwood, Lichfield	R. A. Davis, M.D.
Suffolk	Melton, Woodbridge	J. Kirkman, M.D.
Surrey	Tooting	J. S. Biggs, M.D.
,,	Brookwood, Woking	T. N. Brushfield, M.D.
Sussex	Hayward's Heath	S. W. D. Williams, M.D.
Warwick	Hatton, Warwick	W. H. Parsey, M.D.
Wilts	Devizes	J. W. Burman, M.B.
Worcester	Powick, Worcester	J. Sherlock, M.D.
York, N. Riding	Clifton, York	J. T. Hingston, M.R.C.S.
York, W. Riding	Wakefield	H. C. Major, M.D.
,,	Wadsley, Sheffield	S. Mitchell, M.D.
,, ,,	Beverley	N. G. Mercer, M.D.
BOROUGHS.		
Birmingham	Birmingham	T. Green, M.R.C.S.
Bristol	Stapleton, Bristol	G. Thompson, L.R.C.P.
Hull	Hull ,	J. A. Wallis, M.B.
Ipswich	Ipswich	C. F. Long, M.R.C.S.
Leicester	Humberstone	J. E. M. Finch, M.B.
London (City of)	Stone, Dartford	O. Jepson, M.D.
Newcastle-on-Tyne	Coxlodge	R. H. B. Wickham, F.R.C.S. Ed.
Norwich	Norwich	W. Harris, L.R.C.P.

County.	Hospital.	Medical Superintendent.
Chester . .	Manchester Royal Lunatic Hospital, Cheadle	G. W. Mould, M.R.C.S.
Devon . .	Wonford House, Exeter. .	T. Lyle, L.R.C.P.
Gloucester .	Barnwood House, Gloucester.	F. Needham, M.D.
Lancaster .	Liverpool Lunatic Hospital, Ashton Street	J. Y. Wood, M.R.C.S.
„ . .	Royal Albert Asylum for Idiots, Lancaster	G. E. Shuttleworth, M.D.
Lincoln . .	Lincoln Lunatic Hospital .	F. D. Walsh, L.R.C.S. Ed.
Middlesex .	St. Luke's Hospital, Old Street	G. Mickley, M.B.
Norfolk . .	Bethel Hospital, Norwich .	R. E. Gibson, M.R.C.S.
Northampton	Northampton General Lunatic Hospital	J. Bayley, M.R.C.S.
Notts . .	Nottingham Lunatic Hospital, The Coppice, Nottingham	W. B. Tate, M.D.
Oxford . .	Warneford Asylum, Headington Hill, Oxford	J. B. Ward, M.D.
Stafford . .	Charitable Institution for the Insane, Coton Hill, Stafford	J. D. Hewson, L.R.C.P.
Surrey . .	Bethlehem Hospital, Lambeth Road	W. R. Williams, M.D.
„	Asylum for Idiots, Earl's Wood, Reigate	G. W. Grabham, M.D.
York . .	York Lunatic Hospital, Bootham	H. C. Gill, M.R.C.S.
„ . .	The Retreat, York . .	R. Baker, M.D.
Berks . .	State Criminal Asylum, Broadmoor, Wokingham .	W. Orange, M.R.C.P.
Hants . .	Netley Abbey, Southampton .	T. M. Bleckley, M.D., C.B.
Middlesex .	Royal India Lunatic Asylum, Ealing	T. B. Christie, M.D.
Norfolk . .	Royal Naval Hospital, Yarmouth	W. Macleod, M.D. (Deputy Inspector General).